responsibility" in those who, as the result of developmental defect, have stronger impulses and weaker resisting influences (instinct, ingrained habits, will) than normal persons.

The writer contends that degeneracy may be eradicated from the race chiefly by the regulation of marriages and by mental and physical education from birth; celibacy is inculcated; the monastery is suggested for some neurotics; and it is urged that the subject of degeneracy should be studied by schoolmasters, jurists and criminal lawyers.

C. E. ATWOOD.

CEREBRO-SPINAL FEVER. WM. OSLER (The Edinburgh Medical Journal, New Series, Vol. XXI, No. 3).

Osler points out several interesting features. Sporadic cases are always with us, but epidemics have occurred in periods of 10 or 15 years since the recognition of the disease in 1805. The first known outbreak began in America and prevailed also in some parts of Europe for eight or ten years. The second, also in America and Europe, occurred in 1837. The third in 1850, and lasted all through our Civil War. A fourth epidemic began in 1871, and a fifth in 1901. In New York in the past two years there have been nearly 4,000 cases with 3,000 deaths. At present the disease is causing alarm in Belfast and Glasgow. A second peculiarity of the disease is that epidemics occur in very widely separated areas, in which it prevails severely, but does not spread widely. It is never pandemic, like influenza. Some of our severest epidemics were in the mountains of West Virginia, and in the mining regions of Pennsylvania, and last year one of the worst epidemics on record was among the Silesian miners. Another peculiarity is that the mortality ranks very high, for an acute infection, perhaps next to the plague. Its mortality is from 50 to 75 per cent. Lastly, among the infections, it is the most virulent. Death has occurred from it within six or eight hours. Other cases may be exceedingly mild and transient.

The specific germ of the disease is the diplococcus intracellularis meningitidis. It is found in the exudate in the brain and cord, and in the secretion in the back part of the nose and throat. Osterman last year found it in the throats of 17 out of 24 persons attending upon patients, but who had not the disease. A certain type of meningitis, the posterior basic, is due to the same organism, so that in reality cerebro-spinal fever, while not occurring as an epidemic, does exist in this sporadic variety all over the country. There are also sporadic forms of pneumococcus mengitis which occur in house-epidemics.

Cerebro-spinal fever has probably the same low degree of contagiousness that we see in pneumonia. It is much more a spinal affection than any other form of meningitis. We have as special symptoms the stiffness of the neck, the muscular rigidity, and the cutaneous sensitiveness. All forms of meningitis the author considers fatal except the cerebro-spinal which gives us from 20 to 40 per cent. of recoveries. The skin eruptions vary in different epidemics. Arthritis may occur, or early deafness, dumbness or blindness. The meningococcus should be sought for, by lumbar puncture, early in the disease, as at the end of a week or ten days it may not be present. The disease does not often prevail beyond the winter season. Where the disease is prevalent the nose and throat of attendants and others near by should

be examined bacteriologically and carefully treated. The hot bath, frequent lumbar puncture, the serum of Wassermann and of Flexner are mentioned in treatment. C. E. ATWOOD.

ON INSANITY, WITH SPECIAL REFERENCE TO HEREDITY AND PROGNOSIS. A R. Urquhart (The Edinburgh Medical Journal, N. S. Vol. XXI, No. 3). Lecture I—Prolegomena.

In this, his first Morison Lecture on the subject, Dr. Urquhart gives an interesting historical review of the methods of study and investigation of insanity from the time of Hippocrates down, and discusses some of the modern opinions. Acknowledging himself to have been a follower of Sankey, whose generalization that all insanities begin with melancholia and tend to pass through mania and dementia unless interrupted by recovery (or death), he now recognizes later influences and lauds especially the work of Bruce and Robertson; that Bruce has finally brought insanity into the category of other somatic diseases through his clinical studies into the toxic nature of insanity; and that Robertson's conclusions in reference to general paralysis, the failure of the organism to protect itself against bacterial invasion, he thinks may be extended to forms of ordinary insanity which hitherto have evaded the skill of the pathologist; and finally states that it is necessary to revise the opinions of yesterday and recognize that the physical conditions are the more important considerations which render insanity an affair of medicine. In compiling statistics, the neuropathic heredity should be more carefully studied. Want of mental balance, eccentricity, alcoholism, paralysis, should be especially inquired into. It is his custom, so far as possible, to construct graphic charts of each family under observation. From these it appears that the incidence bears heaviest upon the eldest members of the families in fraternity, and that there is a fairly constant diminution of frequency as the families increase in size.

C. E. ATWOOD.

PLASMA CELLS IN NORMAL GASSERIAN GANGLIA. E. Meyer (Anat. Anzeiger XXVIII, Bd. 3, 4).

This article as reviewed by Dr. Goldstein of Königsberg (Centralblatt f. Nervenheilkunde, January 1, 1907), says that Meyer was able to demonstrate plasma cells in all human Gasserian ganglia. The cells were situated within the capsule and they were either singly or in groups. His observations are of great interest inasmuch as plasma cells are usually found in pathological conditions of brain and spinal cord. MORRIS J. KARPAS (Ward's Island).

TUMOR OF THE HYPOPHYSIS WITHOUT AKROMEGALY. Kollarits (Deutsche Zeitschrift f. Nervenheilkunde, Band 28, Heft. 1.)

Kollarits tabulates a series of cases in which there was tumor of the hypophysis cerebri, without akromegaly. Among these he includes two cases of his own. Usually these tumors occur in young persons, but Kollarits is of the opinion that a careful consideration of the cases suggests that tumor of the hypophysis is merely one of the symptoms, and not the cause of akromegaly.

J. SAILER.